NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT

This form to be used for reporting civil and public use aircraft accidents and incidents

BASIC INFORMATION	ON A					Contract of		310	909 30	e di
Accident/Incident Location				D	ate/Time					
Nearest City/Place: Phoenix		Star	te: AZ	D	ate:07/27/2		Loc	al Time: 1	2:45 p.m	
ZIP:Count	try: USA				mm/dd/yy	yy ·	Tim	a Zona:		
Latitude: (dd:n	nm:ss N/S) Longitude:	(dd	d:mm:ss E/W)				1111	le Zone:		
Phase of Operation	Collision with Other Aircraft Altitude of In-Flight						,			
☐ Standing ☐ Takeoff (inc		Midair			Occurrer	ice				
☐ Taxi ☐ Climb ☐ Descent ☐ Landing	Other Unknown] On-ground] None					ft MSL		
AIRCRAFT INFORM	☐ Appr			_				A. Carrier	84 .73	
		<u> </u>				V-1-1-4		4.060 11	116	73.
Manufacturer: Eurocopte Model: AS350 B2			· ·	-	Max Gross V					lbs
Serial Number: 3167					Weight at Ti					
		A 4 T				Lenter of V	-		or datu	
Registration Number: N2	1512	Amateur-built	: 🗌 Yes 🗹 No	٥	-or-		•		ynamic Cord	
Category of Aircraft T	ype of Airworthiness (Certificate	Number of	Se	ats:			ıg Gear	Retrac	
Airplane (C	Check all that apply)		. Number of	Sea	ats	Ť		•	nal landing g	ear
	tandard Spec		If Large Aircr	aft,	how many seats	for:		uration that		
□ Clider ▼	Normal Re	estricted mited	Flight Cr	ew:	:	2	☐ Trie	cycle	T	ailwheel
		ovisional					☐ Am	phibian	☑ H	igh Skid
Powered lift		perimental	I			3		ergency Flo	oat □ SI □ SI	
Ultralight		ecial Flight ght Sport					☐ Flo		_	кı ki/Wheel
Unknown								known		
Type of Maintenance Prog	ram	Last Inspect	tion Type			Date La	st Inspec	tion:		
☐ Annual ☐ Conditional (Amateur-built o	only)	☑ 100 Hour			Airworthiness			m	m/dd/yyyy	
✓ Manufacturer's Inspection P	rogram	☐ AAIP ☐ Annual	☐ Condition☐ Unknown		Inspection	Airfram	a Total T	ima:		hrs
Other Approved Inspection I	Program (AAIP)							at (check		
☐ Continuous Airworthiness☐ Other, specify:								•	ime of Accid	ent/Incident
IFR Equipped		Stall Warnin	g System Insta	alle	ed	Type of	Fire Exti	nguishing	System	
☐ Yes ☑ No ☐ Unknow	/n		lo 🔲 Unknow	wn None						
		·				☐ Specif	y Handhe	eld		
	Activated	ELT Manufa	cturer:							
Yes No Ye	es No	Model/Series	:							
ELT Aided in Locating Acc	cident/Incident	Serial Numb	er:							-
☐ Yes ☐ No		Battery Type	:				Batter	y Exp. Da	ate:	
Engine Type	Reciprocatin	g Fuel P	ropeller					<u>. </u>		
Reciprocating Turbo			•							
Turbo Shaft Turbo I			Fixed Pitch Controllable Pi	itch		turer:		_	.	
	wit			ııcıı	Model: _	F : D			<u> </u>	
	,					Engine Ra Power Me			Time	Time
					Date	as (check		Total	Since	Since
Engine Engine Manufacturer	Engine Model/Series		ufacturer's al Number		of Mfg. mm/dd/yyyy	✓ Horse ☐ lbs of	power or	Time (hours)	Inspection (hours)	Overhaul (hours)
Eng. 1 Turbomeca	Arriel 1D1	9610	I THIMBUI		mm/ac/yyyy		ı iii üət	4,696	4,696	(HOULS)
Eng. 2										
Eng. 3										
Eng. 4										

OWNER/OPERATOR INFORMAT	ION a					
Registered Aircraft Owner		Owner Address				
Name: U.S. Helicopters, Inc		City: Marshville				
Fractional Ownership Aircraft: Yes 🛭 Yes		State: NC ZIP: <u>28103</u> Country: <u>USA</u>				
Operator of Aircraft	tered Owner	Operator Address Same As Registered Owner				
Name:		City				
Doing Business As:		City:				
Air Carrier/Operator Designator (4 Character C	Code): USXA753I	Country:				
Regulation Flight Conducted Under	-	Revenue Sightseeing Flight				
	cial Flight Public Use (select type)	☐ Yes ✓ No				
FAR 103 FAR 133 Non-US, Co	Air Medical Flight					
☐ FAR 121 ☐ FAR 135 ☐ Non-US, No ☐ FAR 125 ☐ FAR 137 ☐ Armed Force	☐ Yes ✓ No					
		Tune of Commercial Operating Contiguets Hold				
Purpose of Flight for FAR 91, 103, 133, 137 (Select one)	Revenue Operation for FAR 121, 125, 129, 135 (Select one)	Type of Commercial Operating Certificate Held (Check all that apply)				
☐ Personal	☐ Scheduled or Commuter	None				
Business	☐ Non-Scheduled or Air Taxi	☐ Flag Carrier Operating Certificate (121) ☐ Supplemental				
Executive/Corporate		☐ Supplemental ☐ Air Cargo				
☐ Instructional	Domestic or International	Foreign Air Carriers (129)				
Ferry	☐ Domestic ☐ International	☐ Commuter Air Carrier (135) ☐ On-Demand Air Taxi (135)				
Positioning A orial Amplication		Large Helicopter (127)				
☐ Aerial Application ☑ Aerial Observation	Cargo Operation	Rotorcraft External Load (133)				
Air Drop	☐ Passenger/Cargo	or -				
☐ Air Race / Show☐ Flight Test	Passenger How many?	Agricultural Aircraft (137)				
Public Use	CargoIbs	Other Operator of Large Aircraft				
Unknown						
OTHER AIRCRAFT - COLLISION	(If air or ground collision occurred, complete	this section for other aircraft)				
	er: Eurocopter	Damage to Other Aircraft				
	er: Eurocopter	Damage to Other Aircraft ☑ Destroyed ☐ Minor				
Aircraft Registration Number Manufactur	er: Eurocopter	Damage to Other Aircraft				
Aircraft Registration Number Manufactur N613TV Model: AS3 Registered Owner of Other Aircraft	er: Eurocopter 850 B2	Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None				
Aircraft Registration Number Manufactur N613TV Model: AS3 Registered Owner of Other Aircraft First Name: Middle Initial:	City:State:	Damage to Other Aircraft Destroyed Minor Substantial None				
Aircraft Registration Number Manufactur N613TV Model: AS3 Registered Owner of Other Aircraft First Name: Middle Initial:	City:State:	Damage to Other Aircraft ☐ Destroyed ☐ Minor ☐ Substantial ☐ None				
Aircraft Registration Number Manufactur N613TV Model: AS3 Registered Owner of Other Aircraft First Name:	City:State:	Damage to Other Aircraft Destroyed Minor Substantial None				
Aircraft Registration Number Manufactur Model: AS3 Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Last Name:	City:	Damage to Other Aircraft Destroyed				
Aircraft Registration Number Manufactur N613TV Model: AS3 Registered Owner of Other Aircraft First Name:	City: City:	Damage to Other Aircraft Destroyed Minor Substantial None				
Aircraft Registration Number N613TV Model: AS3 Registered Owner of Other Aircraft First Name: Last Name: Pilot of Other Aircraft First Name: Last Name:	City:	Damage to Other Aircraft Destroyed				
Aircraft Registration Number N613TV Model: AS3 Registered Owner of Other Aircraft First Name: Last Name: Pilot of Other Aircraft First Name: Last Name:	City: City:	Damage to Other Aircraft Destroyed				
Aircraft Registration Number N613TV Model: AS3 Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/F/ Was there Mechanical Malfunction/Failure?	City: State: Country: State: Country: Yes No Vunknown	Damage to Other Aircraft Destroyed Minor Substantial None ZIP: Total Time/Cycles				
Aircraft Registration Number N613TV Model: AS3 Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/F/	City: State: Country: State: Country: Yes No Vunknown	Damage to Other Aircraft Destroyed Minor Substantial None ZIP: ZIP: ZIP:				
Aircraft Registration Number N613TV Model: AS3 Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/F/ Was there Mechanical Malfunction/Failure?	City: State: Country: State: Country: Yes No Vunknown	Damage to Other Aircraft Destroyed Minor Substantial None ZIP: Total Time/Cycles				
Aircraft Registration Number N613TV Model: AS3 Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/F/ Was there Mechanical Malfunction/Failure?	City: State: Country: State: Country: Yes No Vunknown	Damage to Other Aircraft Destroyed Minor Substantial None ZIP: Total Time/Cycles On Part Hours				
Aircraft Registration Number N613TV Model: AS3 Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/F/ Was there Mechanical Malfunction/Failure?	City: State: Country: State: Country: Yes No Vunknown	Damage to Other Aircraft Destroyed Minor Substantial None ZIP: Total Time/Cycles On Part Hours Cycles				
Aircraft Registration Number N613TV Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/F/ Was there Mechanical Malfunction/Failure?	City: State: Country: State: Country: Yes No Vunknown	Damage to Other Aircraft Destroyed Minor Substantial None ZIP: Total Time/Cycles On Part Hours				
Aircraft Registration Number N613TV Model: AS3 Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/F/ Was there Mechanical Malfunction/Failure?	City: State: Country: State: Country: Yes No Vunknown	Damage to Other Aircraft Destroyed Minor Substantial None ZIP: Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled				
Aircraft Registration Number N613TV Model: AS3 Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/F/ Was there Mechanical Malfunction/Failure?	City: State: Country: State: Country: Yes No Vunknown	Damage to Other Aircraft Destroyed Minor Substantial None ZIP: Total Time/Cycles On Part Hours Cycles Time Since This Part				
Aircraft Registration Number N613TV Model: AS3 Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/F/ Was there Mechanical Malfunction/Failure?	City: State: Country: State: Country: Yes No Vunknown	Damage to Other Aircraft Destroyed Minor Substantial None ZIP: Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled				
Aircraft Registration Number N613TV Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/F/ Was there Mechanical Malfunction/Failure? (If yes, list the name of the part, manufacturer, part in	City: State: Country: City: State: Country: ALURE (If more space is needed, continue of) Yes No Unknown o., serial no., and describe the failure.)	Damage to Other Aircraft Destroyed Minor Substantial None ZIP: Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled				
Aircraft Registration Number N613TV Model: AS3 Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/F/ Was there Mechanical Malfunction/Failure?	City:	Damage to Other Aircraft Destroyed Minor Substantial None ZIP: Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled				
Aircraft Registration Number N613TV Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Pilot of Other Aircraft First Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/F/ Was there Mechanical Malfunction/Failure? (If yes, list the name of the part, manufacturer, part in the name of the part) Aircraft Damage None Substantial	City:	Damage to Other Aircraft Destroyed Minor Substantial None ZIP: ZIP: Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled Hours Hours Both Ground and In-Flight				
Aircraft Registration Number Manufactur M613TV Model: AS3 Registered Owner of Other Aircraft First Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: Middle Initial: Last Name: MECHANICAL MALFUNCTION/F/ Was there Mechanical Malfunction/Failure? (If yes, list the name of the part, manufacturer, part in Middle Initial: Aircraft Damage Aircraft Damage Aircraft	City:	Damage to Other Aircraft Destroyed Minor Substantial None ZIP: ZIP: Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled Hours Hours				

Description of Damage to Aircraft and C	Other Property (use add	litional sheet if	necessary)	
Destroyed by impact w	ith other aircraft in flight a	and subseque	nt fire on ground impact.	
•				
			н	
			•	
arriver and the second	The second second			
AIRPORT INFORMATION (If the	e accident/incident occi	urred on app	roach, takeoff or within 3 miles	of an airport, complete this section)
Airport Identifier:			Distance From Airport Cen	ter:SM
Airport Name:			Direction From Airport:	degrees MAG
Proximity to Airport	rip 🗌 On Airport 🔲	On Airstrip	Airport Elevation:	ft. MSL
Approach Segment (Select one)				
On Instrument Approach Landin	ng 🔲 Base	e leg	☐ Final	☐ Go Around
Crosswind Down	wind Low	v Approach	Aborted Landing	
IFR Approach (Check all that apply)	_	_	VFR Approach (Check all th	
☐ None ☐ PAR ☐ ADF/NDB ☐ Sidestep		Practice GPS	☐ None ☐ Traffic Pattern	☐ Stop and Go☐ Touch and Go
SDF ILS	= =	Loran	Straight-In	Simulated Forced Landing
☐ VOR/TVOR ☐ Localizer Only		Unknown	☐ Valley/Terrain Following	Forced Landing
☐ VOR/DME ☐ LOC-back course ☐ TACAN ☐ RNAV	☐ Contact ☐ Circling		Go Around Full Stop	☐ Precautionary Landing☐ Unknown
Runway Information				ng Surface (Check all that apply)
Runway ID:(L/R/C) Length:	ft Width:	ft		-Compacted Water-Calm
		^		-Crusted Water-Choppy
Runway/Landing Surface (Check all that a	_		☐ Ice Covered ☐ Snow ☐ Rough ☐ Snow	
	al/Wood Unknown	1	☐ Rubber Deposits ☐ Soft	Unknown
Dirt Ice Snov	<u> </u>		☐ Slush Covered ☐ Vege	tation
FLIGHT ITINERARY INFORMA	TION	1865		
Last Departure Point	Time of Departure	Destination	1	Type Flight Plan Filed
Airport ID: SDL	Time: 12:30 p.m.	Airport ID: S	SDL (Intended)	☐ None ☐ VFR/IFR ☐ Company VFR ☐ IFR
City: Scottsdale	1 mic. <u>12.00 p.m</u>	City: Scotts	sdale	☐ Military VFR
State: AZ	Time Zone:	State: AZ		□VFR
Country: USA		Country: US.	A	Activated? Yes No
Type of ATC Clearance/Service (Check a	ll that apply)	_		
None Special VFR	Specia		VFR Flight Follow	
□ VFR □ IFR		On Top	✓ Traffic Advisory	Unknown / NA
Airspace where the accident/incident occ			The True in in a	A succession
☐ Class A ☐ Class E ☐ Class B ☐ Class G	=	nibited Area tricted Area	☐ Jet Training ☐ TRSA	Area Special Air Traffic Control Area
☐ Class C ☐ Demo Area	☐ Mili	tary Operations	Area (MOA) FAR 93	Unknown
Class D Warning Area	Airp	ort Advisory A	rea	
Aircraft Load Description (Check all that		-1	□ t :	
None ☐ Towing Glider ☐ Passengers ☐ Towing Banno		chutists er	☐ Livestock ☐ Unknown	
Cargo Other Externa	=	mical/Fertilizer	_	<u> </u>
FUEL & SERVICES INFORMAT	ION "		for a large to the same of the	
Fuel on Board at Last Takeoff	Fuel Type			
(convert from pounds, as necessary)	80/87	115/145		er, specify
	☐ 100 Low Lead ☐ 100/130	✓ Jet A ☐ Automotive	□ JP 4 e □ JP5	
Other Services, if Any, Prior to Departur			20 7	
•		m located at h	angar, Scottsdale Municipal Airp	ort ,
-	,		, , , , , , , , , , , , , , , , , , , ,	

EVACUATION OF AIR	RCRAFT	· ·	A.				A TAIL TON	The state of the s
Was an emergency evacuation	on of the aircraft	performe	d?	☐ Yes	☑ No			
Method of Exit - Describe ho	ow the occupants e	xited and	how n	nany occupants	s evacuated each	loc	ation	
·		,						
WEATHER INFORMA	TION AT THE	E ACCII	DEN.	T/INCIDEN	T SITE			
Weather Observation Facilit			Sour	rce of Weather	r Information			Method of Briefing
Facility ID:			Ι'	eck all that apply) National Weather	•		☐ Company	(Check all that apply) ☐ In Person
Observation Time:			□ FI	light Service Stat			☐ Military	☐ Teletype
Time Zone:		_	_	V/Radio Automated Report	+		☐ Internet ☐ Unknown	☐ Telephone/Computer ☐ Aircraft Radio
Distance from Accident Site:		I			ther Service (DUA)	TS)		☐ TV/Radio
Direction from Accident Site:		ees MAG	Tial	4 Candition				Unknown
Briefing Type/Completeness Full Partial / Limited By Pilot Partial / Limited By Briefer	Abbreviate Unknown Not Pertine] Dusk] Night		Dark Night Bright Night Not Reported	Visibility miles
Few	n Thin Broken Thin Overcast Unknown	Ceiling None (Broker Overca	(clear) en	n Indefinite			Restriction to Visibility None Blowing Dust Blowing Sand Blowing Snow	☐ Fog ☐ Ground Fog ☐ Haze ☐ Ice Fog
Lowest Cloud Condition Hei	_	Ceiling I	Heigh	t	ft AGL		☐ Blowing Spray ☐ Dust	☐ Smoke ☐ Unknown
Title 4 Discotion	_ ft AGL	<u> </u>		Wind Gusts		+	Type of Turbulence (Ch	L -II that annhi)
Wind Direction	Wind Speed Velocity:	VTC	1	Velocity:		Ι,	None In Clo	
Indicated:degrees MAG	Velocity:	K15		Velocity.	K15			ity of Thunderstorm
☐ Variable	Calm Light and Varia	able		☐ Gusting ☐ Not Gusting	g		everity of Turbulence Extreme Modes Severe Modes	
NOTAMs (D, L and FDC)), AIRMETs, SI	GMETs.	, PIR	EPs in effect	at the time of			
					,			" (Check all that apply)
or N Density Altitude:	in. HG MB	Amount None Trace Light Amount Amount	nt N	Moderate Severe	Type Rime Clear Mixed		Rain	n (Check all that apply) Drizzle Ice Pellets Snow Pellets Snow Grains Ice Crystals Ice Pellets Shower Freezing Drizzle
Dew Point: (C) or(F)		None Trace Light	□ N	Moderate Severe	Rime Clear Mixed		Intensity of Precipita	ation

	ATION				er de			-372.14	A1. 15	
Pilot "A" Responsibilities a ✓ Pilot ☐ Co-Pilot	t the Time of Acc	ident/Incid Flight II		Check Pilot	☐ Flig	ht Engineer	☐ Other	Flight Crew		
Pilot "A" Identification									_	
First Name: Craig Middle Initial: D Last Name: Smith				s	tate: <u>AZ</u> country: <u>U</u>		ZIP: <u>8537</u>	7		
Age at time of Accident/Inci	dent:47	Date of Bir	rth:		Certificate	Number:				
Degree of Injury	Seat Occupie	ed			at Belt		-	Shoulder l	Harness	
None	Left Right Center	☐ Front ☐ Rear ☐ Single	☐ Unkno	wn Us	sed vailable		□ No □ No	Used Available	✓ Yes ☐ Yes	□ No □ No
Pilot Certificate(s) (Check a				- 10		_	les centre			
☐ None ☐ Stu ☐ Private ☐ Flig	dent ht Instructor	☐ Recrea	ational	☑ Comme ☐ Airline] Flight Engi] U.S. Milita		☐ Foreign	
Principal Occupation	Medical Certifica	te		M	edical Cer	tificate Va	lidity	Date of I	ast Medica	al
☑ Pilot ☐ Other ☐ Unknown	Class 1	Class 3 Driver's Licer Unknown	nse (Sport Pilo	t only)		mitations/wa ations/waive		12/27 mm/da	7/2006 1/yyyy	
Medical Certificate Limita										_
	NONE									
Medical Certificate Waiver	s									
	NONE									
Date of Last Flight Review		1								
or Equivalent, Including		Flight	Review Aire	craft						
	40/07/0006	"	Review Airo							
FAR 121/135 Checks: _	12/07/2006	Make:	Eurocopter				_			
	mm/dd/yyyy	Make: Model:	Eurocopter AS350	· <u>-</u>	(e)	Instructo	r Rating(s)			<u> </u>
FAR 121/135 Checks: Airplane Rating(s) (Check all that apply)		Make: Model: Rating(s)	AS350		(s)	Instructo (Check all	r Rating(s)			<u>-</u>
Airplane Rating(s) (Check all that apply) None	mm/dd/yyyy Other Aircraft (Check all that app	Make: Model: Rating(s)	Eurocopter AS350 Instrum (Check all	ent Rating((s)	(Check all ✓ None	that apply)		Instrument A	
Airplane Rating(s) (Check all that apply) ✓ None ☐ Single-Engine Land	mm/dd/yyyy Other Aircraft (Check all that app None Airship	Make: Model: Rating(s)	Eurocopter AS350 Instrum (Check al ☑ None ☐ Airpla	ent Rating((s)	(Check all ✓ None ☐ Airplan	<i>that apply)</i> e Single-Eng	ine	Instrument l	
Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land	mm/dd/yyyy Other Aircraft (Check all that app	Make: Model: Rating(s)	Eurocopter AS350 Instrum (Check all	ent Rating((s)	(Check all ✓ None ☐ Airplan	<i>that apply)</i> e Single-Eng e Multi-Engi	ine] Instrument] Helicopter] Glider	
Airplane Rating(s) (Check all that apply) ✓ None ☐ Single-Engine Land ☐ Single-Engine Sea	mm/dd/yyyy Other Aircraft (Check all that app None Airship Free Balloon Glider Gyroplane	Make: Model: Rating(s)	Eurocopter AS350 Instrum (Check al ☑ None ☐ Airpla ☐ Helico	ent Rating((s)	(Check all ✓ None ☐ Airplan ☐ Airplan	that apply) e Single-Eng e Multi-Engi ane	ine] Instrument l] Helicopter	
Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land	mm/dd/yyyy Other Aircraft (Check all that app None Airship Free Balloon Glider	Make: Model: Rating(s)	Eurocopter AS350 Instrum (Check al ☑ None ☐ Airpla ☐ Helico	ent Rating((s)	(Check all ✓ None	that apply) e Single-Eng e Multi-Engi ane	ine] Instrument] Helicopter] Glider	
Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land	mm/dd/yyyy Other Aircraft (Check all that app None Airship Free Balloon Glider Gyroplane Helicopter	Make: Model: Rating(s)	Eurocopter AS350 Instrum (Check al ☑ None ☐ Airpla ☐ Helico	ent Rating((s)	(Check all	that apply) e Single-Eng e Multi-Engi ane d Lift	ine] Instrument] Helicopter] Glider] Sport	
Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	mm/dd/yyyy Other Aircraft (Check all that app None Airship Free Balloon Glider Gyroplane Helicopter	Make: Model: Rating(s)	Eurocopter AS350 Instrum (Check al ☑ None ☐ Airpla ☐ Helico	ent Rating((s)	(Check all	that apply) e Single-Eng e Multi-Engi ane d Lift	ine] Instrument] Helicopter] Glider] Sport	
Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	mm/dd/yyyy Other Aircraft (Check all that app None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift	Make: Model: Rating(s)	Eurocopter AS350 Instrum (Check al ☑ None ☐ Airpla ☐ Helico	ent Rating((s)	(Check all	that apply) e Single-Eng e Multi-Engi ane d Lift	ine] Instrument] Helicopter] Glider] Sport	
Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	mm/dd/yyyy Other Aircraft (Check all that app None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift	Make: Model: Rating(s)	Eurocopter AS350 Instrum (Check al ☑ None ☐ Airpla ☐ Helico	ent Rating((s)	(Check all	that apply) e Single-Eng e Multi-Engi ane d Lift	ine] Instrument] Helicopter] Glider] Sport	
Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	mm/dd/yyyy Other Aircraft (Check all that app None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift	Make: Model: Rating(s)	Eurocopter AS350 Instrum (Check al ☑ None ☐ Airpla ☐ Helico	ent Rating((s)	(Check all	that apply) e Single-Eng e Multi-Engi ane d Lift	ine] Instrument] Helicopter] Glider] Sport	
Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea Type Ratings See below, as	mm/dd/yyyy Other Aircraft (Check all that app None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift of September 16, 20	Make: Model: Rating(s)	Instrum (Check al None Airpla Helico	ent Rating((s)	(Check all None Airplan Gyropla Powere	that apply) e Single-Eng e Multi-Engi ane d Lift Cndorsemen	ine] Instrument] Helicopter] Glider] Sport	
Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	mm/dd/yyyy Other Aircraft (Check all that app None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift a of September 16, 20	Make: Model: Rating(s)	Eurocopter AS350 Instrum (Check al ☑ None ☐ Airpla ☐ Helico	ent Rating(Night	(Check all None Airplan Gyropla Powere Student F	that apply) e Single-Eng e Multi-Engi ane d Lift	ine] Instrument] Helicopter] Glider] Sport	
Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea Type Ratings See below, as	mm/dd/yyyy Other Aircraft (Check all that app None Airship Free Balloon Glider Gyroplane Helicopter Powered Lift of September 16, 20 All Aircraft 8,006	Make: Model: Rating(s) Oly)	Eurocopter AS350 Instrum (Check al None Airpla Power Airplane Single	ent Rating(### Rating(####################################		(Check all None Airplan Gyropla Powere Student F	that apply) e Single-Engle Multi-Engline d Lift Cndorsement	ine	Instrument Helicopter Glider Sport	Lighter
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Dilot "D" Domonsibilities					<u> </u>	35140			A No.	7.54
Pilot "B" Responsibilities Pilot	at the Time of Accident Student Pilot	nt/Incident		Check Pilot	☐ Flig	ght Engineer	Other	Flight Crew		
Pilot "B" Identification						_				
First Name: Middle Initial: Last Name:				_ c	City: tate: Country: _		ZIP:			
Age at time of Accident/Inc		ate of Birth		. (
Degree of Injury	Seat Occupied		mmaayyy		eat Belt			Shoulder I	Jarness	_
☐ None ☐ Fatal ☐ Minor ☐ Unknown ☐ Serious	☐ Left ☐ ☐ Right ☐ ☐ Center ☐ S	Front [Rear Single	Unknown	Us	sed vailable		□ No □ No	Used Available	Yes Yes	□ No □ No
Pilot Certificate(s) (Check				- -						
□ None □ Str □ Private □ Fli		Recreation Sport		Comme Airline			Flight Engir U.S. Militar	У	☐ Foreign	
Principal Occupation Pilot	Medical Certificate None Clas		10 Pilet		Without li	rtificate Va	vers	Date of L	ast Medica	ıl
☐ Other ☐ Unknown	Class 1 Driv		(Sport Pilot o		With limit Unknown	tations/waiver	S	mm/dd/	/yyyy	
Medical Certificate Limita	ations									
C. U.S. A. Waller										
Medical Certificate Waive						·				
Date of Last Flight Review or Equivalent, Including		"	eview Aircr	aft						_
FAR 121/135 Checks:		or Equivalent, Including								
	/JJ/20101									
Ainstens Dating(s)	mm/dd/yyyy Other Aircraft Rat	Model: _								
Airplane Rating(s) (Check all that apply)	mm/dd/yyyy Other Aircraft Rat (Check all that apply)	Model: ting(s)		nt Rating(Instructor	Rating(s)			
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ADDITIONAL FLIGHT CREV	V MEMBERS	(Exclusive of cabin at	ttendants, complete the	following	inform		3.47
Pilot Name and Address						Degree of I	
First Name:		City:	ZIP:			☐ None ☐ Minor	☐ Fatal ☐ Unknown
Middle Initial:		State:	_ ZIP:			Serious	☐ Ulklio
Last Name:						Seat Occup	heid
_ ''		☐ Commercial	☐ Flight Engineer	☐ Fore	eign	☐ Left	☐ Front
Private Flight Instructor		Airline Transport	U.S. Military		"b-	☐ Right	Rear
Type Rating/Endorsement for			ime at the Time	1		Center	☐ Single ☐ Unknown
2844	Yes No	of this Acciden		hrs	***	44400	
Pilot Name and Address						Degree of I	• •
First Name:		City:	ZIP:			☐ None ☐ Minor	☐ Fatal ☐ Unknown
Middle Initial: Last Name:		State:	ZIP:			Serious	O
Pilot Certificate(s) (Check all that ap						Seat Occup	ied
□ None □ Student [☐ Commercial	☐ Flight Engineer	☐ Fore	eign	☐ Left	☐ Front
Private Flight Instructor		Airline Transport	U.S. Military		-0	Right	Rear
Type Rating/Endorsement for			ime at the Time	1 _{ma}		Center	☐ Single ☐ Unknown
	Yes No	of this Acciden	t/Incident:	hrs			
Pilot Name and Address						Degree of I	
First Name:						☐ None ☐ Minor	☐ Fatal ☐ Unknown
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Pilot Certificate(s) (Check all that ap						Seat Occup	ied
_ ` ` ` `		☐ Commercial	☐ Flight Engineer	☐ Fore	ion	☐ Left	Front
		Airline Transport	U.S. Military		15.1	Right	Rear
Type Rating/Endorsement for	principal		me at the Time	_		Center	☐ Single ☐ Unknown
Accident/Incident Aircraft?	☐ Yes ☐ No	of this Acciden	t/Incident:	hrs			Cintile
	_						
PASSENGER(S) / OTHER PE	ERSONNEL (I	nclude flight attendar	nts; continue on separa	te sheet if			
PASSENGER(S) / OTHER PI	ERSONNEL (I	nclude flight attenda	nts; continue on separa	te sheet if			
	ERSONNEL (I	nclude flight attenda	nts; continue on separa				
Name and Address	ERSONNEL (I					Non- Revenue (Karon Non- Occupant	
Name and Address First Name: Rick Middle Initial:	ERSONNEL (I				Seat	Non- Revenue Revenue Non- Occupant FAA	
Name and Address First Name: Rick	ERSONNEL (I		nts; continue on separa		Seat	Non- Revenue Revenue Non- Occupant FAA	Fatal Serious Injury Minor Injury No Injury
Name and Address First Name: Rick Middle Initial: Last Name: Krolak First Name:	ERSONNEL (I	City: Phoenix State: AZ Country:	ZIP:		Seat Crew	Non- Revenue Revenue Occupant TAA	Fatal Serious Injury Minor Injury No Injury Over Injury
Name and Address First Name: Rick Middle Initial: Last Name: Krolak First Name: Middle Initial:	ERSONNEL (I	City: Phoenix State: AZ Country: City: State:	ZIP:		Seat Crew	Non- Revenue Revenue Occupant TAA	Fatal Serious Injury Minor Injury No Injury
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Name and Address First Name: Rick Middle Initial: Last Name: Krolak First Name: Middle Initial: Last Name: Middle Initial: Last Name: First Name:		City: Phoenix State: AZ Country: City: State: Country:	ZIP:				Contract Contract
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NARRATIVE														
Describe what	occurred	in chrono	ological o	order, inc	luding circ	cumstanc	es leading	to and n	ature of a	ccident/in	cident. D	escribe te	errain and inc	clude
wreckage distrib	bution ske	tch if pert	inent. A	ttach extra	a sheets if	needed.	State time	and point	of departi	re, intende	d destinati	ion, and s	ervices obtain	ied.
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RECOMMEN	DATIŌI	N _c (How co	ould this	accident	/incident h	ave bee	n prevente	d?)	- 50		- 1/4 #25 - 1/4 #25 - 1/4 #25		die .	*
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RECOMMEN Operator/Owner				accident	/incident h	iave bee	n prevente	d?)			385.93 - 100.93			Ž _V .
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Date of this Report	1	e and Name of Pilot/Operator		
07/31/2007	Signature:			
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Signature Type or Print Name: <u>Wa</u>	avne E. Sc	hmitz		
Title: Vice President	and Gene	eral Manager U.S. Helicopters, Inc.		
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NTSB Accident/Incid	dent No.	Reviewed by NTSB Regional Office	Name of Investigator	Date Report Received
SAMTOXAL	318	SWRO-Aviation	Haward Plagens	10/1/07